

WAC 388-531-0150 Noncovered physician-related services -- General and administrative. (1) Except as provided in WAC [388-531-0100](#) and subsection (2) of this section, MAA does not cover the following:

- (a) Acupuncture, massage, or massage therapy;
 - (b) Any service specifically excluded by statute;
 - (c) Care, testing, or treatment of infertility, frigidity, or impotency. This includes procedures for donor ovum, sperm, womb, and reversal of vasectomy or tubal ligation;
 - (d) Cosmetic treatment or surgery, except for medically necessary reconstructive surgery to correct defects attributable to trauma, birth defect, or illness;
 - (e) Experimental or investigational services, procedures, treatments, devices, drugs, or application of associated services, except when the individual factors of an individual client's condition justify a determination of medical necessity under WAC [388-501-0165](#);
 - (f) Hair transplantation;
 - (g) Marital counseling or sex therapy;
 - (h) More costly services when MAA determines that less costly, equally effective services are available;
 - (i) Vision-related services listed as noncovered in chapter [388-544](#) WAC;
 - (j) Payment for body parts, including organs, tissues, bones and blood, except as allowed in WAC [388-531-1750](#);
 - (k) Physician-supplied medication, except those drugs administered by the physician in the physician's office;
 - (l) Physical examinations or routine checkups, except as provided in WAC [388-531-0100](#);
 - (m) Routine foot care. This does not include clients who have a medical condition that affects the feet, such as diabetes or arteriosclerosis obliterans. Routine foot care includes, but is not limited to:
 - (i) Treatment of mycotic disease;
 - (ii) Removal of warts, corns, or calluses;
 - (iii) Trimming of nails and other hygiene care; or
 - (iv) Treatment of flat feet;
 - (n) Except as provided in WAC [388-531-1600](#), weight reduction and control services, procedures, treatments, devices, drugs, products, or the application of associated services.
 - (o) Nonmedical equipment; and
 - (p) Nonemergent admissions and associated services to out-of-state hospitals or noncontracted hospitals in contract areas.
- (2) MAA covers excluded services listed in (1) of this subsection if those services are mandated under and provided to a client who is eligible for one of the following:
- (a) The EPSDT program;
 - (b) A Medicaid program for qualified **Medicare** beneficiaries (QMBs); or
 - (c) A waiver program.

[Statutory Authority: RCW [74.08.090](#), [74.09.520](#). 01-01-012, § 388-531-0150, filed 12/6/00, effective 1/6/01.]